

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: COMFORT YEARS INC (0009498)

Address: 635 BONDOW DR, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096103 **End Date:** 12/01/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007231 Served 01/05/2006

Deficiencies Cited
83.11(3)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0095535 End Date: 07/22/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007190

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.035(7)	REGULATION OF CBRF		
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
83.11(3)(a)	RESPONSIBILITIES		
83.11(3)(f)	RESIDENT BELIEVED TO BE INCOMPETENT		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY		
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION		
83.33(2)(c)	LEISURE TIME ACTIVITIES		
83.33(2)(d)	COMMUNITY ACTIVITIES		
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN		
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS		
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS		
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION		
83.35(1)(e)	ADJUSTMENTS TO FOOD LIKES		
83.35(3)(b)	MENU DATED AND KEPT ON FILE		
83.41(9)	CLEANLINESS OF ROOMS		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

Survey ID: 0094441 End Date: 02/08/2005 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007096 Served 04/04/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	04/14/2005	Yes

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0091926 **End Date:** 01/14/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 01/04/2006 SOD #10007231 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.11(3)(a)
FORFEITURE---accruing foreiture

Date: 09/20/2005 SOD #10007190 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.11(3)(f)

Date: 04/01/2005 SOD #10007096 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 01/26/2005

Date Investigation Completed: 07/22/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	09/20/05
NUTRITION & FOOD SERVICES	SUBSTANTIATED	09/20/05
QUALITY OF LIFE	SUBSTANTIATED	09/20/05

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